

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521676

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52	0					
3							53	0					
4							54	1					
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17	1						67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26	1						76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33	1						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41	1						91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	1						97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS						